

| | | |
|---|------------------------|-------------------|
| TRANSMITTAL FORM | Application Number | 10/645,754 |
| <i>(To be used for all correspondence after initial filing)</i> | Filing Date | August 20, 2003 |
| | Inventor | P.M. GRECO et al. |
| | Group Art Unit | 2627 |
| | Examiner Name | Kin C. Woo |
| | Attorney Docket Number | TUC920030110US1 |

ENCLOSURES (*check all that apply*)

| | | |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> Preliminary <input type="checkbox"/> Supplemental <input type="checkbox"/> After Final <input type="checkbox"/> Rule 312 <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement: <u>1</u> references <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings: <u> </u> Replacement Sheets <input type="checkbox"/> Petition for Corrected Notice of Recordation <input type="checkbox"/> Petition for Corrected Filing Receipt <input checked="" type="checkbox"/> <u>Resubmission of Reference from Previous IDS</u> <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Comments on Statements of Reasons for Allowance | <input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) <input type="checkbox"/> Notice of Appeal <input type="checkbox"/> Pre-Appeal Brief Request for Review <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Status Letter/ Status Request <input type="checkbox"/> Issue Fee Transmittal Form <input type="checkbox"/> Fee Address Indication Form <input type="checkbox"/> Request for Duplicate/ Replacement Copy <input type="checkbox"/> Response to Notice of Non-Compliant Amendment |
|--|---|--|

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--|---|
| Firm or Individual Name: | David W. Victor, Registration No. 39,867 |
| Signature: | /David Victor/ |
| Date: | March 22, 2007 |
| KONRAD RAYNES & VICTOR, LLP 315 South Beverly Dr., Suite 210 Beverly Hills, CA 90212 310-556-7983 | The Commissioner is hereby authorized to charge to Deposit Account No. 09-0449 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees or any other deficiency, and credit any overpayment to this deposit account. |

CERTIFICATE OF TRANSMISSION

| | | |
|--|-----------------|------------------------------|
| I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below. | | |
| Typed or Printed Name: | David W. Victor | Customer No. 46917 |
| Signature: | /David Victor/ | |
| Date: | March 22, 2007 | |